



# Accreditation Exemption Measures Introduced in Congress

By Michael F. Conlan

**L**egislation that would add pharmacists to a list of 17 medical professions that are exempted from new accreditation requirements for Medicare Part B durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) has been introduced in both the Senate and the House.

The lead sponsors of the Senate bill, S.511, the Access to Durable Medical Equipment Act of 2009, are Sens. Sam Brownback (R-Kan.) and Jon Tester (D-Mont.). They have been joined by cosponsors Sens. Lamar Alexander (R-Tenn.), Sherrod Brown (D-Ohio), Saxby Chambliss (R-Ga.), Bob Corker (R-Tenn.), Johnny Isakson (R-Ga.), Pat Roberts (R-Kan.), and John Thune (R-S.D.).

In response to the bill's introduction, NCPA Executive Vice President and CEO Bruce T. Roberts, RPh, and NCPA President Holly Henry, RPh, issued the following statement:

"Pharmacists keep patients healthy, not only by dispensing much needed medication, but by providing the medical supplies necessary for their patients' health. Senators John Tester and Sam Brownback are to be commended for their leadership in introducing S. 511. This much needed bill demonstrates that these senators are committed to our nation's patients and maintaining the ease of services provided by their community pharmacists."

A companion bill, H.R. 616, was introduced in the House of Representatives by Reps. Marion Berry (D-Ark.) and Jerry Moran (R-Kan.) in late January. At press time, it had 70 bipartisan cosponsors.

Community pharmacists are professionally trained with the expertise and government oversight as state-licensed medical professionals and businesses that can be sanctioned for any violations of Medicare regulations. The accreditation fees and implementation costs are at least \$5,000 to \$7,000 per pharmacy and reoccur every three years.

If pharmacists stop participating in the Medicare Part B program, patients will have to travel longer distances to get these supplies, which is especially problematic in rural states where the local pharmacy is often the sole health care provider in a community. Even worse, patients could turn to using mail order and Internet operations where fraud is more prevalent—which undermines the primary purpose of accreditation.

## DOZENS COSPONSOR COMMUNITY PHARMACY FAIRNESS ACT IN HOUSE

Reps. Anthony Weiner (D-N.Y.) and Jerry Moran (R-Kan.) are the lead sponsors of legislation that would end take-it-or-leave-it insurance and pharmacy benefit management contracts that hurt both community pharmacies and their patients. More than 70 bipartisan lawmakers already have signed on to support the bill, H.R.1204.

If pharmacies were allowed to jointly enter into negotiations, they could have a chance of enacting terms in contracts that could:

- Protect patients from shrinking and shifting formularies that confuse and restrict a patient's treatment options
- Reduce the pre-authorization hassles to obtain refills or formulary-restricted medications that generate red tape and create hurdles for patients trying to obtain their medications
- Limit the switching of patients to higher-cost medications that may not be better for them therapeutically, but that earn higher brand-name drug rebates for the PBM. **ap**

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